



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 22, 2009

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Chili's Bar & Grill, 6730 South 27<sup>th</sup> Street requesting a class I liquor license.

This location is currently a Chili's Bar & Grill and holds a class I liquor license. The request is due to a corporation ownership change.

The new corporation is MMG Nebraska F & B Inc.

Julianne Adams will remain as the manager of the new license. She is the approved manager of the current license.

The required training has been completed.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

45 days = 12/4/2009

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

### MISCELLANEOUS

		Application Fee	Bond Required
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
	<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering license (K) expires same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☒ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Michael Kelley Phone number: (402) 397-1898

Firm Name Kelley Governmental Relations, LLC, 7134 Pacific Street, Omaha, NE 68106

**PREMISE INFORMATION**

Trade Name (doing business as) Chili's Grill + Bar

Street Address #1 6730 S. 27<sup>th</sup> St.

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number (402) 420-2800

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name MMG Nebraska F+B Inc.

Street Address #1 803 Lake Breeze Drive

Street Address #2 \_\_\_\_\_

City Highland Village, Tx County Denton Zip Code 75077

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

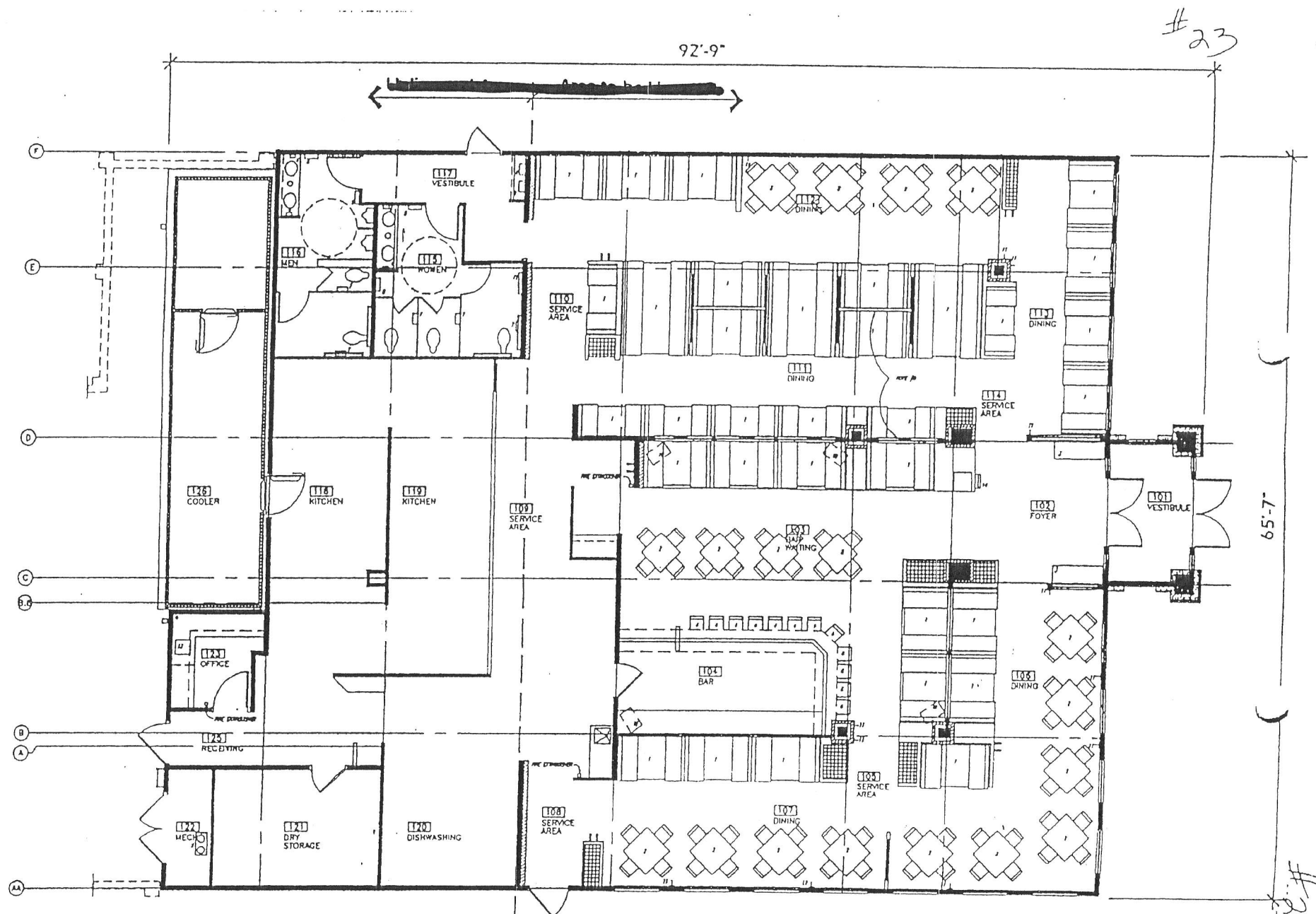
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

Please see attached.

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NEBRASKA LIQUOR  
CONTROL COMMISSION



Description:

New Chili's Grill & Bar restaurant

Approximately 93' x 66' – single story building  
Entire building to be licensed



## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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### 2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number \_\_\_\_\_

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.  
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

NEBRASKA LIQUOR  
CONTROL COMMISSION

### 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

### 4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender \_\_\_\_\_

### 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☒ YES ☐ NO

If yes, explain. All involved persons must be disclosed on application. Applicant will retain profits, but will pay a management fee and expense reimbursement to Muy Mucho LP

### 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such items and the owner. all furniture, fixtures and equipment used in the restaurant will be owned by Muy Mucho Group LP

### 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☒ YES ☐ NO

If yes, explain. Applicant will pay a management fee to Muy Mucho LP for No silent partners providing employees, management, inventory and other items.

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Mark Menking; Regions Bank, Dallas, TX

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

None

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Julianne Adams	Oct 2008	Lincoln, NE - Hospitality Class at police station
	11/02 to 09/09	Server and Manager, Chili's Restaurant, Omaha & Lincoln, NE

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date 10/29/2011

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? As soon as license is granted

15. What will be the main nature of business? Restaurant & bar

16. What are the anticipated hours of operation? Sun-Thur 11 - 10:30; Fri-Sat 11 - 11

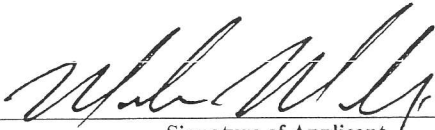
17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Highland Village, TX	1999	2009	Highland Village, TX	1999	2009

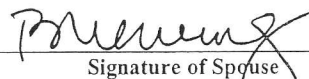
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.



Signature of Applicant



Signature of Spouse

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Signature of Applicant

Signature of Spouse

OCT 19 2009

Signature of Applicant

Signature of Spouse

NEBRASKA LIQUOR  
CONTROL COMMISSION

Signature of Applicant

Signature of Spouse

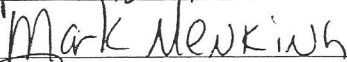
Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ TEXAS

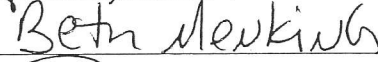
County of DALLAS

The foregoing instrument was acknowledged before me this Sept. 24, 2009 by



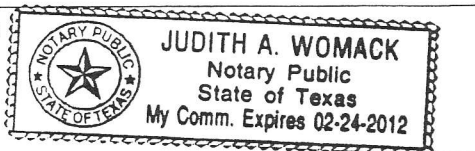
Notary Public signature

The foregoing instrument was acknowledged before me this Sept. 24, 2009 by

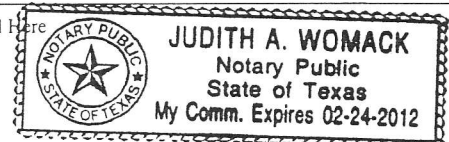


Notary Public signature

Affix Seal Here



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in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

**Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)**

Name of Registered Agent: CT Corporation System

**Name of Corporation that will hold license as listed on the Articles**

MMG Nebraska F & B Inc.

Corporation Address: 803 Lake Breeze DR.

City: Highland Village State: TX Zip Code: 75077

Corporation Phone Number: 972-966-2221 Fax Number: \_\_\_\_\_

Total Number of Corporation Shares Issued: \_\_\_\_\_

**Name and notarized signature of president (Information of president must be listed on following page)**

Last Name: Menking First Name: Mark MI: \_\_\_\_\_

Home Address: 803 Lake Breeze DR. City: Highland Village

State: TX Zip Code: 75077 Home Phone Number: 972-966-2221

[Signature]

Signature of president

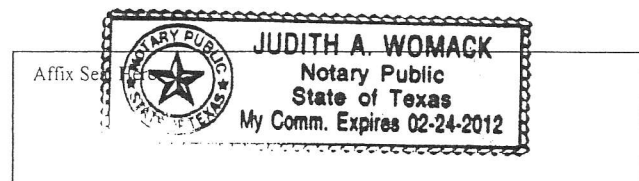
State of ~~Nebraska~~ TEXAS  
County of Dallas

The foregoing instrument was acknowledged before me this

Sept. 24, 2009  
date

by Mark Menking  
name of person acknowledged

[Signature]  
Notary Public signature



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Menking First Name: Mark MI: D

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Beth V. Menking

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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CONTROL COMMISSION

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

---

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January 1 Ending Date: December 31

---

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

---

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format

REVISED 5/2007



# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

B. Menking

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Beth Menking

Printed name of spouse asking for waiver

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OCT 19 2009

State of TEXAS

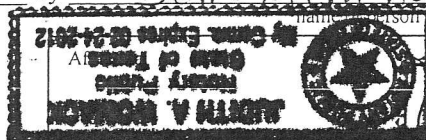
County of DALLAS

September 24, 2009  
date

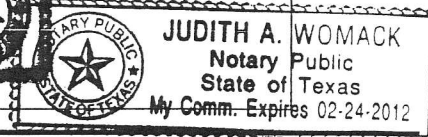
[Signature]  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Beth Menking  
name of person acknowledged



**NEBRASKA LIQUOR  
CONTROL COMMISSION**



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]

Signature of individual involved with application  
(Spouse of individual listed above)

Mark Menking

Printed name of applying individual

State of TEXAS

County of DALLAS

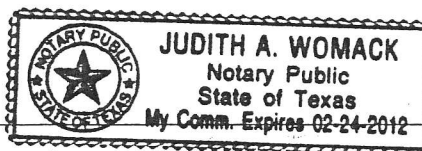
September 24, 2009  
date

[Signature]  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Mark Menking  
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/Limited Liability Corporation (LLC) information**

Name of Corporation/LLC: MMG Nebraska F&B Inc.

**Premise information**

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA: Chili's Grill + Bar

Premise Street Address: 6730 S. 27th St

City: Lincoln

Zip Code: 68508

Premise Phone Number: 402-420-2800

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)



Manager's information must be completed below. PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Adams First Name: Julianne MI: E

Home Address (include PO Box if applicable): 559 Fletcher Ave Apt 11

City: Lincoln State: Nebraska Zip Code: 68521

Home Phone Number: 402-917-7873 Business Phone Number: 402-420-2800

Social Security Number:  Drivers License Number & State:

Date Of Birth:  Place Of Birth: Omaha, Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES ☒ NO

Spouse's information

Spouses Last Name:  First Name:  MI:

Social Security Number:  Drivers License Number & State:

Date Of Birth:  Place Of Birth:

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS					
APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM TO		CITY & STATE	YEAR FROM TO	
Omaha, Nebraska	1982	2002			
Wichita, Kansas	2002	2006			
Omaha, Nebraska	2006	2007			
Lincoln, Nebraska	2007	2009			

MANAGER'S LAST TWO EMPLOYERS			
YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005 2006	Shorty Small's Restaurant	Michele	316-773-0900
2004 2006	Country Stampede (temp summer job)	Dave Arnold	785-341-1930

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

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NEBRASKA LIQUOR  
CONTROL COMMISSION

All are traffic violations.

Speeding tickets - Concordia, Kansas September 2003 & around Harper or Anthony, Kansas July 2007

Car accident Omaha, Nebraska June 1998 & Wichita, Kansas May 2003

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

on file 10/21/08

5. Do you have any experience in selling alcohol in the State of Nebraska?  
If so list training and/or experience (when and where)

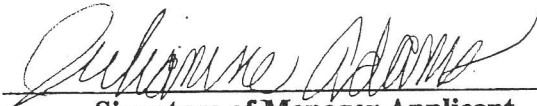
Date:	Where:
October 2008	Lincoln, Nebraska Hospitality class at police station
November 2002-April 2003	serving in Chili's restaurant (Omaha, Nebraska)
March 2006-September 2009	serving in Chili's restaurants (LaVista, Omaha, and Lincoln)

**PERSONAL OATH AND CONSENT OF INVESTIGATION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
\_\_\_\_\_  
**Signature of Manager Applicant**

\_\_\_\_\_  
**Signature of Spouse**

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before  
me this Sept 25, 2009 by

County of \_\_\_\_\_

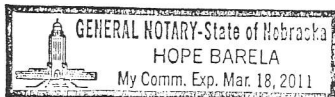
The foregoing instrument was acknowledged before  
me this \_\_\_\_\_ by



\_\_\_\_\_  
**Notary Public signature**

\_\_\_\_\_  
**Notary Public signature**

Affix Seal Here



Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

**OMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT**  
Vital Statistics Section

126-

**CERTIFICATE OF LIVE BIRTH**

CHILD - NAME FIRST MIDDLE LAST			SEX	DATE OF BIRTH (Month, Day, Year)		HOUR
1. Julianne Erin Adams			2. Female	3.		3:2:00P M
HOSPITAL - NAME (If not in hospital, give street and number)			INSIDE CITY LIMITS (Specify Yes or No)	CITY, TOWN, OR LOCATION OF BIRTH		COUNTY OF BIRTH
4a. Clarkson			4b. Yes	4c. Omaha		4d. Douglas
I certify that the stated information concerning this child is true to the best of my knowledge and belief.			DATE SIGNED (Month, Day, Year)		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
5a. (Signature of Certifier)			5b. 7-26-82		5c.	
CERTIFIER - NAME AND TITLE (Type or Print)			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
6. R. Jernstrom; R. Schulte; W. Rumbolz; M.D.			6a. 410 So. Saddle Creek, Omaha, Nebraska 68131			
REGISTRAR - SIGNATURE			DATE RECEIVED BY REGISTRAR			
7a. Daniel J. Shertling, M.P.H.			7b. MONTH DAY YEAR APR 1 1982			
MOTHER - MAIDEN NAME FIRST MIDDLE LAST			AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
8a. Patricia Ann Dougherty			8b. 29	8c. Omaha, Nebraska		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION (Include zip code)	INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER		
9a. Nebraska	9b. Douglas	9c. Omaha 68106	9d. Yes	9e. 1924 South 49th Avenue		
MOTHER'S MAILING ADDRESS - Enter if not same as residence						
10. FATHER - NAME FIRST MIDDLE LAST			AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
11a. Thomas Owen Adams			11b. 30	11c. Omaha, Nebraska		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other Informant)				RELATION TO CHILD		
12a. Patricia Ann Adams				12b. Mother		

This certifies this document to be a true copy of an original record on file with Vital Statistics, Douglas County Health Department, Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproductions of this green certificate are not legal copies.

Date issued: JUL 29 1996

Registrar: Daniel J. Shertling, M.P.H.